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## \*BIBDATASHEET\*

CONFIRMATION NO. 6529

Bib Data Sheet

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|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/260,437   | <b>FILING OR 371(c) DATE</b><br>03/02/1999<br><b>RULE</b>   | <b>CLASS</b><br>705           | <b>GROUP ART UNIT</b><br>3622   | <b>ATTORNEY DOCKET NO.</b><br>WD2-98-116 |
| <b>APPLICANTS</b><br>JAY S. WALKER, RIDGEFIELD, CT;<br>ANDREW S. VAN LUCHENE, NORWALK, CT;<br>DEIRDRE O'SHEA, NEW YORK, NY;<br>DEAN ALDERUCCI, RIDGEFIELD, CT;   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 08/841,791 05/05/1997 PAT 5,926,796<br>and is a CIP of 09/136,147 08/18/1998 ABN<br>and is a CIP of 09/166,367 10/05/1998 ABN<br>and is a CIP of 09/219,267 12/23/1998   |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/19/1999</b>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>CT | <b>SHEETS DRAWING</b><br>18   | <b>TOTAL CLAIMS</b><br>90                |
| <b>INDEPENDENT CLAIMS</b><br>28  |   |                               |   |  |
| <b>ADDRESS</b><br>22927  |   |                               |   |  |
| <b>TITLE</b><br>METHOD AND APPARATUS FOR FACILITATING THE SALE OF SUBSCRIPTIONS TO PERIODICALS   |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>1985   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |